### 106-16-Mental Retardation Case Management Services

Fund/Agency: 106 Fairfax-Falls Church Community Services Board					
Personnel Services	\$2,390,412				
Operating Expenses	\$130,646				
Recovered Costs	\$0	CAPS Percentage of Agency Total			
Capital Equipment	\$0				
Total CAPS Cost:	\$2,521,058	2.3%			
Federal Revenue	\$0				
State Revenue	\$16,711				
User Fee Revenue	\$1,013,159				
Other Revenue	\$0				
Total Revenue:	\$1,029,870	97.7%			
Net CAPS Cost:	\$1,491,188	■ Mental Retardation Case Management Services □ All Other Agency CAPS			
Positions/SYE involved in the delivery of this CAPS	44/44				

## ► CAPS Summary

Mental Retardation Case Management Services provide a continuum of services for people with mental retardation or autism and their families throughout the Community Services Board (CSB) service area. The mission of Mental Retardation Services is to empower and support people to achieve a self-determined and valued lifestyle and to identify, develop, and/or offer personalized and flexible supports, including a home, job, and a network of relationships in the community. Case Management is an intervention which assures that service systems and community supports are responsive to the specific, multiple, and changing needs of individuals and families. Case Management Services ensure that individuals are properly connected to, and involved in, the appropriate services and supports in order to maximize opportunities for successful community living. Case Managers assist in gaining access to needed homes and jobs, social service benefits and entitlement programs, therapeutic supports, social and educational resources, and other supports essential to meeting basic needs. Through face to face contacts, phone contacts, and review of various reports, the Case Manager helps assess the needs of the individual and develops a service plan, links the individual to services and

supports, coordinates and monitors services and provides technical assistance, and advocates for the individual.

The Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) regulations require that case management services must be provided to all individuals who are enrolled in Medicaid and who request Case Management. These individuals who are recipients of Medicaid benefits receive a full cadre of case management support such as interdisciplinary team planning, coordination of services, intake and assessments, advocacy, and resource planning. Those who do not have Medicaid may also receive the same or similar service coordination based on need. In addition, the State mandates Case Management services to those who are in need of emergency assistance pursuant to §37.1-194 of the <u>Code of Virginia</u>. Pre-admission screening and pre-discharge planning from state training centers or hospitals is also required under the SFY 2002 Community Services Performance Contract 5.3.1 and 5.3.3 pursuant to of the <u>Code of Virginia</u>.

**Volunteer Services** matches people with mental retardation and/or autism and members of their community for one-on-one friendships. Individuals participating in the Volunteer Services Program benefit from developing a friendship with someone new in their community. They are introduced to their volunteer's circle of friends and family, and are able to give the gift of friendship to someone who appreciates them.

#### **Quality Assurance and Staff Development**

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

#### **Community Outreach**

Community outreach is included as part of the Case Managers' responsibilities. In addition, interacting with the community is an integral part of the Volunteer Services program.

#### **Accomplishments**

- Case Management During FY 2001, case management served 1,546 individuals. Of this total number, over 450 were funded through Medicaid for case management. There was a total of 202 cases opened in FY 2001, of which nearly 100 students received individualized transition services as they exited special education services.
  - Beginning in September 2000, Case Managers began grief-counseling sessions for individuals receiving services. A support group for parents whose adult children were moving into a group home was designed and facilitated.
- **Volunteer Services** In FY 2001, over 60 individuals were matched with volunteers. Volunteer social events have also been well represented. Over 300 people attended the Valentine's Day Dance and at least 90 people attended the fall picnic.
  - Due to the growth in this program, one of the positions approved for expansion from 20 to 40 hours per week approved in the <u>FY 2002 Adopted Budget Plan</u> will be utilized to help find volunteers for the over 230 individuals on the waiting list and to promote mentoring.

#### **Funding Sources**

Funding sources include Fairfax County; DMHMRSAS; and Medicaid State Plan Option.

#### ► Trends/Issues

People with mental retardation are now living longer and as a result, many of our consumers experience the same health and aging related issues as the general population. In addition, individuals served are more medically fragile. People may be brittle diabetics, on oxygen, or require gastrointestinal tubes for feeding. Case Managers are required to monitor the medications the individual takes and the possible side effects.

Increasingly, our community has become multi-cultural and multi-linguistic, requiring specialized training for our case managers.

Transition of youth from schools continues to be a priority activity for case management. A developing trend is the increasing number of students who are medically fragile or require extensive physical or personal care. In addition to the anticipated transition of these youth, there is an extensive case management intake demand from people moving into the County requiring case management services for their family members. Since case management is the "gate-keeper" for all other Mental Retardation Services, this intake process is a very significant activity.

Due to a limited number of case management positions and an increase in the number of people requesting services, there is an increasing number of individuals receiving some type of service with no case manager assigned. Over the past two years, there were 778 cases in the *No Case Manager Assigned* (NCMA) category. If more case management positions were established, the cost of these positions could be fully reimbursed by Medicaid.

Finally, there is a trend toward increasing external documentation requirements necessitating increased quality assurance, training, and specialized administrative and managerial supports. Additionally, some of these requirements involve additional assessment activities that must be performed in person by the case manager with the consumer and family. In order to meet the external requirements imposed by licensure, DMHRMSAS State Performance Contract, DMHMRSAS Performance and Outcome Measurement System, and Medicaid, there is an increased emphasis on monitoring documentation and utilization review.

#### **Participant Characteristics**

Individuals served may be as young as three years of age and range through consumers over age 70. Adults or children age six or older must have a confirmed diagnosis of mental retardation and/or autism to be determined eligible for case management services. For a child three to six years of age, there must be confirmation of a cognitive developmental delay. Many cultures and languages are represented among the individuals served.

#### **▶** Method of Service Provision

Case Management services are directly operated by CSB staff, which is the norm among the 40 CSBs in Virginia.

<u>Hours of Operation</u>: Although office hours are generally Monday through Friday from 8:00 a.m. to 4:30 p.m., Case Managers maintain flexible hours to meet the needs of families and individuals served. In addition, there is 24-hour emergency coverage available.

#### ► Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate
Persons Served	759	1,097	933	1,546	1,038
Percent satisfied with case management	92%	93%	96%	90%	90%
Percent of case management service objectives met by consumers	86%	92%	94%	92%	92%

The peak in the actual numbers of individuals served in FY 1999 and FY 2001 reflect the fact that there was a focused outreach to those individuals with no case manager assigned.

#### Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 51 - 75%. The specific Federal or State code and a brief description of the code follows:

- <u>Code of Virginia</u> Section 37.1-197.1 mandates function of single point of entry into the publicly funded mental health, mental retardation, and substance abuse services system.
- <u>Code of Virginia</u> Section 37.1-65.1 mandates prescreening for admission to training centers.
- <u>Code of Virginia</u> Section 37.1-194 mandates provision of emergency services and case management services as core services within the Community Services Board (CSB).

## **▶** User Fee Information

N/A FY 2002 CSB Schedule of Fees. The current fee schedule is available in the Agency Overview.  Current Fee Maximum Allowable Fee Amount  Once the treatment plan is determined, the fees for services will be set according to the FY 2002 CSB Fee Schedule.  Purpose of Fee: Fees are charged to offset the cost of providing treatment services.  Levy Authority Requirements to Change the Fee Last Adjusted  CSB Policy on Reimbursement CSB Schedule of Fees is reviewed and established annually by the CSB Board and submitted to the Board of Supervisors.  Code of Virginia Chapter 10, 37.1-197 (7) The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay	Subobject Code	Fee T	FY 2002 ABP Fee Total			
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the full fee may request a subsidy, supplemental subsidy and an extended payment plan.	Chapter 10,	The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay the full fee may request a subsidy, supplemental				